

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form CDP-5  
August 2008  
Form must be Typed

**EXPLORATION & PRODUCTION WASTE TRANSFER**

|                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Operator Name: <b>American Warrior Inc</b>                                                                                                                                                                                                                                                                                                                                           |  | License Number: <b>4058</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Operator Address: <b>P.O. Box 399 Garden City Ks.67846</b>                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Contact Person: <b>Joe Smith</b>                                                                                                                                                                                                                                                                                                                                                     |  | Phone Number: ( <b>620</b> ) <b>275 - 2963</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Permit Number (API No. if applicable): <b>15-009-04319 0000</b>                                                                                                                                                                                                                                                                                                                      |  | Lease Name: <b>Stoss</b> <i>(Joan 1229)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Source of Waste:<br><input type="checkbox"/> Dike<br><input type="checkbox"/> Emergency Pit <input type="checkbox"/> Settling Pit<br><input checked="" type="checkbox"/> Workover Pit <input type="checkbox"/> Drilling Pit<br><input type="checkbox"/> Burn Pit <input type="checkbox"/> Haul-off Pit<br><input type="checkbox"/> Steel Pit <input type="checkbox"/> Spill / Escape |  | Well Number: <b>6</b><br><br>Source Location (QQQQ): <u>  <b>C</b>  </u> - <u>  <b>SE</b>  </u> - <u>  <b>NE</b>  </u> - <u>  <b>NW</b>  </u><br>Sec. <u>  <b>29</b>  </u> Twp. <u>  <b>18</b>  </u> R. <u>  <b>13</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West<br><u>  <b>4290</b>  </u> Feet from <input type="checkbox"/> North / <input checked="" type="checkbox"/> South Line of Section<br><u>  <b>2970'</b>  </u> Feet from <input checked="" type="checkbox"/> East / <input type="checkbox"/> West Line of Section<br><u>  <b>Barton</b>  </u> County |
| Type of waste to be disposed: <input checked="" type="checkbox"/> Fluid <input type="checkbox"/> Soil <input type="checkbox"/> Mud / Cuttings <input type="checkbox"/> Other: _____                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Amount of waste: <u>  <b>1</b>  </u> No. of loads <u>  <b>30</b>  </u> Barrels    _____ Tons    _____ YDS                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Destination of waste: <input type="checkbox"/> Reserve Pit <input type="checkbox"/> Haul Off Pit <input checked="" type="checkbox"/> Disposal Well <input type="checkbox"/> Lease Road <input type="checkbox"/> Dike / Berm <input type="checkbox"/> Other: _____                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| If waste is transferred to another reserve pit, is the lease active? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Location of waste disposal:                                                                                                                                                                                                                                                                                                                                                          |  | Date of Waste Transfer: <u>  <b>1/20/08</b>  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Operator Name: <u>  <b>American Warrior inc</b>  </u>                                                                                                                                                                                                                                                                                                                                |  | License No.: <u>  <b>4058</b>  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Lease Name: <u>  <b>Dove</b>  </u>                                                                                                                                                                                                                                                                                                                                                   |  | Sec. <u>  <b>34</b>  </u> Twp. <u>  <b>17</b>  </u> R. <u>  <b>13</b>  </u> <input type="checkbox"/> East <input checked="" type="checkbox"/> West                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Docket No./API No.: <u>  <b>15-009-23029</b>  </u>                                                                                                                                                                                                                                                                                                                                   |  | County: <u>  <b>Barton</b>  </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Comments:                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

**RECEIVED**  
**DEC 14 2010**  
**KCC WICHITA**

The undersigned hereby certifies that he / she is   **Foreman**    
for   **American Warrior Inc**   (Co.), a duly authorized agent, that all information shown hereon is true

and correct to the best of his / her knowledge and belief.

Subscribed and sworn to before me on this   **13**   day of   **December**  ,   **2010**  

*[Signature]*  
Agent Signature  
*[Signature]*  
Notary Public

My Commission Expires:   **6/11/2014**  

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

**HOLLY SCHWADERER**  
Notary Public - State of Kansas  
My Appt. Expires   **6/11/2014**